

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

1 SERIAL NO.

FILING DATE

101 598,155

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51	1	1	1	1	1	1
1	1						52	1					
2	1						53	1					
3							54	1					
4	1						55	1					
5							56	1					
6	1						57	1					
7							58	1					
8	4	6					59	1					
9	4						60	1					
10	4						61	1					
11	①						62	1					
12	①						63	1					
13	①						64	1					
14	①						65	1					
15	①						66	1					
16	①						67	1					
17	①						68	1					
18	①						69	1					
19	①						70	1					
20	1						71	1					
21	1						72	1					
22	1						73						
23	1						74						
24	1						75						
25	1						76						
26		6					77						
27	3						78						
28	3						79						
29	3						80						
30	①						81						
31	①						82						
32	①	①					83						
33	①						84						
34	①						85						
35	1						86						
36	1						87						
37	1						88						
38	1						89						
39	1						90						
40	1						91						
41	1						92						
42	1						93						
43	1						94						
44	1						95						
45	1						96						
46	1						97						
47	1						98						
48	1						99						
49	1						100						
50	1												
TOTAL IND.			↓		↓		TOTAL IND.	2	↓	↓			
TOTAL DEP.			←		←		TOTAL DEP.	36	←	←			
TOTAL CLAIMS							TOTAL CLAIMS	38					